

**State of Vermont****Department of Vermont Health Access**

280 State Drive, NOB 1 South

Waterbury, VT 05671-1010

<http://dvha.vermont.gov>

[Phone] 802-879-5900

*Agency of Human Services*

Department of Vermont Health Access  
Federally Qualified Health Center and Rural Health Clinic  
Calendar Year 2019 Rate Methodology Selection Form

Provider Name:
Provider Address:
Provider Number:

I hereby elect the following rate methodology for calendar year 2019:

*Please check the box corresponding to the selected encounter rate methodology. If your organization has joined the ACO please check the box to indicate such.*

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Calendar Year 2019 Rate calculated using the Medicaid PPS Methodology.

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Calendar Year 2019 Rate calculated using the Alternative Payment Methodology.

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Organization is part of the ACO.

Name:
Title:
Signature:

Please return completed form to Tonya Corrigan at [Tonya.Corrigan@Vermont.gov](mailto:Tonya.Corrigan@Vermont.gov) no later than 12/17/2018.

